

## PROJECT CONTACT INSTRUCTIONS

1. Provide the name, title, address, telephone number, fax number and e-mail address for the **Project Director** for the project.
2. Provide the name, title, address, telephone number, fax number and e-mail address for the **Financial Officer** for the project.
3. Provide the name, title, address, telephone number, fax number and e-mail address for the **person** having **routine programmatic responsibility** for the project.
4. Provide the name, title, address, telephone number, fax number and e-mail address for the **person** having **routine fiscal responsibility** for the project.
5. Provide the name, title, address, telephone number, fax number and e-mail address for the **Executive Director** of a Community Based Organization or the **Chief Executive Officer** (e.g. chief of police, superintendent of schools) for the implementing agency.
6. Provide the name, title, address, telephone number, fax number and e-mail address for the **Chair** of the **governing body** of the implementing agency. Please provide contact information other than that of the implementing agency.

## PROJECT CONTACT INFORMATION

Applicant \_\_\_\_\_ Grant Number \_\_\_\_\_ [FOR OES USE ONLY]

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. **If a section does not apply to your project, enter "N/A."** **NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.**

1. The **Project Director** for the project:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Title: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(Area Code) (Area code)  
E-Mail Address: \_\_\_\_\_

2. The **Financial Officer** for the project:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Title: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(Area Code) (Area code)  
E-Mail Address: \_\_\_\_\_

3. The **person** having **routine programmatic responsibility** for the project:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Title: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(Area Code) (Area code)  
E-Mail Address: \_\_\_\_\_

4. The **person** having **routine fiscal responsibility** for the project:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Title: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(Area Code) (Area code)  
E-Mail Address: \_\_\_\_\_

5. The **Executive Director** of a nonprofit organization or the **Chief Executive Officer** (e.g., chief of police, superintendent of schools) of the implementing agency:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Title: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(Area Code) (Area code)  
E-Mail Address: \_\_\_\_\_

6. The **Chair** of the **governing body** of the implementing agency: (Provide contact information other than that of the implementing agency)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Title: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(Area Code) (Area code)  
E-Mail Address: \_\_\_\_\_